#### **APPLICATION DATA SHEET**

#### **Application Information**

Secrecy Order in Parent Appl.?::

Application Number:: Filing Date:: Regular Application Type:: Utility Subject Matter:: Suggested Classification:: Suggested Group Art Unit:: None CD-ROM or CD-R?:: Number of CD Disks:: Number of Copies of CDs:: Sequence Submission?:: Computer Readable Form (CRF)?:: No.\* Number of Copies of CRF:: A METHOD TO PROTECT SILENCING OF A Title:: **TRANSGENE** 026350-090 Attorney Docket Number:: Request for Early Publication?:: No No Request for Non-Publication?:: 1 Suggested Drawing Figure:: 7 Total Drawing Sheets:: Yes Small Entity?:: Latin Name:: Variety Denomination Name:: No Petition Included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers::

No

#### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Japan

Status::

**Full Capacity** 

Given Name::

Masao

Middle Name::

Family Name::

**MATSUOKA** 

Name Suffix::

City of Residence::

Shiga Pref.

State or Province of Residence::

Country of Residence::

Japan

Street of Mailing Address::

13-5-204, Ooginosato 4-chome, Ootsu City

City of Mailing Address::

Shiga Pref.

State or Province of Mailing Address::

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing

Address::

Applicant Authority Type::

**Inventor** 

Primary Citizenship Country::

Japan

Status::

**Full Capacity** 

Given Name::

Koji

Middle Name::

Family Name::

AKASAKA

Name Suffix::

City of Residence::

Hiroshima Pref.

State or Province of Residence::

Country of Residence::

Japan

Street of Mailing Address::

4-20-26, Hachihonmatsu-minami,

Higashihiroshima City

City o	of	Mailing	Address::
--------	----	---------	-----------

Hiroshima Pref.

State or Province of Mailing Address::

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing

Address::

# **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

# Representative Information

Representative Customer Number::

21839

# **Domestic Priority Information**

Domestic Friendy in Figure 1				
Continuity Type::	Parent	Parent Filing		
	Application::	Date::		
	Continuity Type::	Continuity Type:: Parent		

**Foreign Priority Information** 

Country::	Application Number::	Filing Date::	Priority Claimed::
 Japan	2003-78202	03/20/03	Yes

### **Assignee Information**

Assignee Name::

KYOTO UNIVERSITY

Street of Mailing Address::

36-1, Yoshida-Honmachi, Sakyo-Ku, Kyoto City

City of Mailing Address::

**Kyoto** 

State or Province of Mailing Address::

Country of Mailing Address::

Japan

Postal or Zip Code of Mailing

Address::